Organization LOGO HERE

LECANEMAB-IRMB INFUSION ORDER SET

Name: _____ DOB: _____

Gender: ☐ M ☐ F Height: _____ cm Weight: _____ kg

DIAGNOSIS

☐ G30.0 Alzheimer's disease, early onset
☐ G30.1 Alzheimer's disease, late onset
☐ G30.8 Other Alzheimer's disease
☐ G30.9 Alzheimer's disease, unspecified
☐ G31.84 Mild cognitive impairment, so stated

← G30.X codes require secondary F02.8X code →

☐ F02.80 Dementia without behavioral disturbance
☐ F02.81 Dementia with behavioral disturbance

PRE-TREATMENT REQUIREMENTS

Prescriber must indicate the following requirements have been met (attach documentation of test results):

☐ Amyloid beta pathology confirmed via:
- ☐ amyloid PET scan date: _____
- ☐ CSF analysis date: _____ result: _____
- ☐ other: _____

☐ Cognitive assessment used: _____ date: _____ result: _____

☐ ApoE ε4 genetic test date: _____ result: ☐ homozygote ☐ heterozygote ☐ noncarrier

☐ Baseline brain MRI prior to starting lecanemab-irmb date: _____ result: _____

NURSING ORDERS

☑ Hold infusion and notify provider for:
- headache;
- dizziness;
- nausea;
- vision changes;
- new or worsening confusion; and,
- gait changes.

☑ Monitor vital signs at baseline, with every rate change, and prior to discharge.

☑ Confirm MRI completed and reviewed by prescriber prior to the 3rd, 5th, 7th, and 14th treatment.

☑ Measure and record weight prior to each treatment to determine dose. Notify provider of weight change exceeding 10% of baseline to assess need for dose adjustment.

☑ If signs/symptoms of infusion-related reaction develop, **STOP** infusion and treat as clinically indicated per protocol.

ADDITIONAL ORDERS

MEDICATION ORDERS

☑ Administer lecanemab-irmb 10 mg/ kg x _____ kg = _____ mg intravenously over at least 60 minutes.

☑ Dilute required volume of lecanemab-irmb in 250 mL 0.9% sodium chloride and infuse using a terminal low-protein binding 0.2-micron in-line filter.

Treatment Frequency:

☐ Every **two weeks** (at least 14 days apart).

☐ Every **four weeks** (at least 28 days apart).

Post-Infusion:

☑ Educate patient/care partner to report symptoms of adverse events or side effects.

☑ Send treatment notes to prescriber at _____

Prescriber Name (print) Signature Date